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Bib Data Sheet

CONFIRMATION NO. 7046

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|---|---|-------------------------------|---|-----------------------------------|--------------------------------|
| SERIAL NUMBER 09/802,457 | FILING OR 371(c) DATE 03/09/2001 RULE | CLASS 430 | GROUP ART UNIT 1643 | ATTORNEY DOCKET NO. NK3 | |
| APPLICANTS Nonda Katopodis, Singer Island, FL; | | | | | |
| ** CONTINUING DATA ***** (none) KAC | | | | | |
| ** FOREIGN APPLICATIONS ***** (none) KAC | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/14/2001 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <input type="checkbox"/> Allowance <input checked="" type="checkbox"/> KAC Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature <input checked="" type="checkbox"/> Initials | | STATE OR COUNTRY FL | SHEETS DRAWING 6 | TOTAL CLAIMS 18 | INDEPENDENT CLAIMS 2 |
| ADDRESS Paul L. Bollo, Esq. 57 North Street - Suite 210 Danbury, CT06810 | | | | | |
| TITLE Method for determining lipid associated sialoprotein in body fluids | | | | | |
| FILING FEE RECEIVED 355 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |



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| SERIAL NUMBER 09/802,457 | FILING DATE 03/09/2001 RULE | CLASS 435 | GROUP ART UNIT 1645 | ATTORNEY DOCKET NO. NK3 | |
| APPLICANTS Nonda Katopodis, Singer Island, FL; ** CONTINUING DATA ***** none KAC ** FOREIGN APPLICATIONS ***** none KAC IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 05/14/2001 | | | | | |
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